		37 t
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE
Name: Eliot - Rubin	Daytime Telephone	18 OCT 18 PH 1:13
New Member of or Candidate for State: 11/2 U.S. House of Representatives District: 12  Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS  New Officer or Employee Staff Filer  Employing Office: Shared	Type (If Applicable): Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	the reporting hthe date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	rrangement with an Yes Ao
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No No
ATTACH THE CORRI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	"COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" nee from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded t child?	ave you excluded Yes No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chi exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	rcome, or liabilities of a spouse or dependent child because they meet all three tests for tee on Ethics. $_{i}$	all three tests for Yes No Y

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: 으

	JA Sichar Cipar	Chase Burk	ABC Hedge Fund X	Examples:	DC, Mega Corp Stock	\$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real properly held for investment provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic tocation in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any firmarcial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an excepted investment Fund, please check the "EIF box."  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointy held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, general refer to the instruction booklet.	For bank and other cash accounts, total the amount in $A$ all interest-bearing accounts. If the total is over	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset held for investment of income and with a fair market value us exceeding \$1,000 at the end of the reporting period, st, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds "C (do not use only ticker symbols).	Assets and/or Income Sources	BLOCK A
				-		None \$1-\$1,000	60		indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was said during the reporting period and is included only because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which you have no interest.		
				Indefinite	<u></u>	\$1,001-\$15,000	n	4	/alue luation le me le me le me le me le me le me le me le me luation le me luation le me luation le me luation le la luation le la le la l		
	幺			THE STATE OF		\$15,001-\$50,000	0	_	of as; thod of sold it go for as		
			ļ	$\perp$	×	\$50,001-\$100,000	т	4	set at thod o used. during enera ssets ssets	Val	
 			—	$\bot$	<u> </u>	\$100,001-\$250,000	17	4	g the ted in held o inte	ue o	BLO
		-	×	+	-	\$250,001-\$500,000	<u>0</u>	_	e of than than neon neon by you	y As	BLOCK 8
 			-	╀	$\vdash$	\$500,001-\$1,000,000 \$1,000,001-\$5,000,000	- T	+	he re fair r ting p te, th	Value of Asset	
 		-	1	╁		\$6,000,007-\$25,000,000	٤.,	-	eporting period. If you market value, please period and is included the value should be spouse or dependen		
		-	╁┈╴	+		\$25,000,001-\$50,000,000	*		g per st vali and i		
				T		Over \$50,000,000	~		sind should		
					1	Spouse/DC Asset over \$1,000,000*	ž		f you lease luded d be		
 			ļ			NONE .			Che that 401 interior a for a during		
					×	DIVIDENDS			Check all columns that app that generate tax-deferred 401(k), IRA, or 529 account the "Tax-Deferred" column interest, and capital resinvested, must be disci- for assets held in tuxuble "None" if the asset gene vione" if the asset gene during the reporting period.		
	X					RENT			Defe help	Ţ	
		_			L	INTEREST			529 r fax-d 529 r fax-d	pe e	뭗
		<u> </u>				CAPITAL GAINS			that a efermacou col pital polital se dis	of Ir	BLOCK C
			ļ	L		EXCEPTED/BLIND TRUST			hat apply, sferred incounts), column. column. pital gai e disclos uxable ace t generate period.	Type of Income	O
				L		TAX-DEFERRED			your poline, ped a	Te	
			Partnership Income	Royatties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if retirvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.		
				I		None					
 		<u> </u>	<u> </u>	$\downarrow$	<u>×</u>	\$1-\$200	*		For asset assets in capital g Check "N		
		<u> </u>	_	1	<u> </u>	\$201-\$1,000	Ħ		is for dicate alms.		
-		┢	-	-	+	\$1,001-\$2,500	₹.	5	which the the ever if no for a		ı
		$\vdash$	×	×	+	\$2,501-\$5,000	-	Current Year	is for which you checked Tax-Deferred" in Block C, you may check the "None" column. For all other dicate the category of income by checking the appropriate box below. Dividends, Interest, and Jains, even if relinvested, must be disclosed as income for assets held in taxable accounts. None" if no income was eamed or generated.  XII is for assets held by your spouse or dependent child in which you have no interest.		
	S	1	+^	+	┼	\$5,001-\$15,000 \$15,001-\$50,000	2	ž	gory gory ne w		
 		-	+	+	<del> </del>	\$50,001-\$100,000	¥	<u> </u>	of in seasons of the		Ì
 		<del>                                     </del>	1	$\dagger$	†	\$100,001-\$1,000,000	Ž,	1	Tax- come i, mu imed		j
				1		\$1,000,001-\$5,000,000	×		Defeu by c or ge pous	Ą	
				T		Over \$5,000,000	×		med" sheck a distance anera	JOE .	
						Spouse/DC Income over \$1,000,000*	¥		in Bluding the close the c	Amount of Income	BLOCK D
				I		None	_	7	ock C he ay ad as	Ĭ	용
		<u> </u>	$\downarrow$	$\perp$	1	\$1-\$200	*		pprop Inca	ço	
	<u> </u>	_	1	+-	<u> </u>	\$201-\$1,000	. Si		may vriate ome	\$	
_	_	$\vdash$	+	+	+	\$1,001-\$2,500		P .	for a		ı
 $\vdash$	_	_	+	<del> </del>	+	\$2,501-\$5,000	<u>v</u>		ssets you h		
	×		×	+	+	\$15,001-\$50,000	-2 ≦	Preceding Year	Nor v. Di		
		+	<del>                                     </del>		+	\$50,001-\$100,000	VIII	<b>⋠</b>	ne" oc d in i		
		1	1	+	T	\$100,001-\$1,000,000	R	¥	olumo nds, (axa) leresi		
			Ī		1	\$1,000,001-\$5,000,000	×		inter		
						Over \$5,000,000	×		rallo rest, ccou		
						Spouse/DC Income over \$1,000,000*	X		and no.		

## SCHEDULE D - LIABILITIES

e reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting	
VOI. VC	Name:
ur spo	ne:
use. c	M
r vour	Elia
depen	7
dent c	
hild	3
Mark ti	Rabin
ne hio	3
hesta	
mour	
t owe	Page
dduri	
na th	   약
е геро	Page of
rtina	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

 _	1					-	
					SP. DC, JT		
	Home	OB:	CARI	Example			
	Home Mortgogo -	5	CANE BONK	First Bank of Wilmington, DE	Creditor		
,	\$/19613			5/98	Date Liability Incurred MO/YR		
	Home, southington, N. Y.			Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	CO	
					\$50,001- \$100,000	ဂ	
	×			×	\$190,001- \$250,000	ь	
					\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	711	t of Lia
					\$1,000,001- \$5,000,000	6	ability
 ļ		<u> </u>			\$5,000,001- \$25,000,000	<b>a</b> :	
		ļ			\$25,000,001- \$50,000,000		
ļ		<u></u>			Over \$50,000,000	٠.	
	1	1	l i		Over \$1,000,000*		1

### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude**: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting eriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

			Profui / Store Sterry	Position
		little Appie ve Cont.	Potar Ellist, Woman by Papa Gillet	Name of Organization

## SCHED

ULE F - AGREEMENTS  Name: £//of Mab; w Pageof
---

Identify the c

		7/	8/1/28	Date
			Mars Johnshall Corrently	Parties to Agreement
			41 Mars-lurrent	Terms of Agreement

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat Information listed on Schedule C.

3	principle of the second
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Elist Midding, MML. MIL	CEO & OUMON- FIXE ONE waves as tapishes
, , //	wever crueded 350,000/MONY & AM now
	in DAN to Week

FILER NOTES (Optional)

Name: Page\_\_\_\_of\_\_\_

							,	NOTE NUMBER
						Il situation due to landlost-james conservind provide	Mu company Petor alliot par syst amount from allhatice	NOTES

### CYMLYICH NOLICE

### KECYKDING EINVNCIVT DISCFOSNKE KEGNIKEWENL

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

Name (Please Print or Type): Elich Bew Jose District: 12 Date: 13.00 Jose District: 12.00 Date: 13.00 Jose District: 12.00 Jose Distric	
[Note: If your Financial Disclosure Statement was due before the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]	of Candidacy
This is to notify you that under the laws of the state of withdrew my candidacy for the U.S. House of Representatives on	lewe1bd1iW
I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.	Threshold Not  Exceeded
This is to notify you that I have not yet raised (either through contributions or loans/from myself or others) or spent in excess of \$5,000 for my campaign for the UE. Hopge of	000,2\$ 19vð
Legislative Resource Center  135 Cannon House Office Building  Washington, DC 20515-6601  Deat Madam Clerk:  This is to notify you that I have not yet raised (either through contributions or loans/from	Indicate Your Status: (Select One)
The Honorable Karen L. Haas, Clerk Office of the Clerk, U.S. House of Representatives	

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601

st Updated 10/2014